## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE

Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450 or Fax (571) 273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FFF and PUBLICATION FEE (of required). Blocks I through 8 should be completed where

appropriate. All further con- indicated unless corrected b- mannerance fee notification	espondence including the I clow or directed otherwise	Patent, advance or in Block 1, by ta	ders and notific ) specifying a n	ation of maintenance fees ew correspondence addres	will be mailed to the current set and or (b) indicating a sep-	correspondence address a grate "FFT ADDRI 88" to
35825 LAW OFFICE OF DAN SHIFRIN, PC IBM 14081 WEST 59TH AVENUE ARVADA, CO 80004				Some A certificate of mailing can only be used for domestic mailing, of the Locis Transmittar. This certificate cannot be used to any other accompanying papers, buch additional paper, such as an assignation of formal drawing, nurhave its own certificate of mailing or transmission.  Certificate of Mailling or Transmission.  Thereby certify that this Feets) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an covologe addressed to the Mail Stop ISSLF FEF address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.		
		THA HIPME	ET C			(Осружья систу-
						08 - 10020 (1022)
APPLICATION NO.	FILING DATE		: IKST NAMED I	NVINIOR	ATTORNEY DOCKLENO	CONFIRMATION NO
10/674,866 HTLE OF INVENTION:	09/29/2003	ROBERT F. BA		BARTFAI	TUC920030116US1	6307
METHOD, SYST	TEM AND ARTICLE O	F MANUFACTI	JRE FOR RE	COVERY FROM A F	AILURE IN A CASCADIN	IG PPRC SYSTEM
APPLN. TYPE	SMALL ENTITY	188td(111		PUBLIC ATION (4)	TOTAL FEE(S) DUI	DAIL DUI
nonprovisional	NO	\$140	O	\$300	\$1700	02/06/2007
EXAMINER		ARLLNII		CLASS-SUBCLASS	7	
RIAD, AMINE		2113		714-006000	<b></b>	
1. Change of correspondence address or indication of "Fee		ee Address" (37				
CFR 1.363). ∠J Change of correspondence address (or Change of Correspondence Address form PTO/SB/121) attached. ∠J "Fee Address" indexton (or "Fee Address" Indication form PTO.SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			(1) the names of up to 3 registered patent attorneys or agents OR, alternatively (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.			
3. ASSIGNEE NAME AND	RESIDENCE DATA TO B	E PRINTED ON	I THE PATENT ()	print of type)	· · · · · · · · · · · · · · · · · · ·	
PLEASE NOTE: Unless recordation as set forth in	an assignee is identified by 37 CFR 3.11. Completion	elow, no assignee of this form is NO	data will appear T a substitute for	r on the patent. If an assi r filing an assignment.	gnee is identified below, the c	locument has neen tiled to
TATNAME OF ASSIGNI	EL.	(I	) RI SIDENCE:	COTY and STATE OR C	OUNTRY	
INTERNATIONAL BUSI	NESS MACHINES CORP	ORATION A	ARMONK, NEV	V YORK		
Please check the appropriate	assignee category or catego	ries (will not be pr	rinted on the pate	enti: Individual 🛭	Corporation or other private gr	oup entity - 1 Government
da The following fee(s) are	enclosed.	41	i. Payment of Fe	e(s):		
∡ Issue Fee			☐ A check in	the amount of the fee(s) is	encloseu.	
∠ Publication Fee (No small entity discount permitted)			Payment by credit card. Form PTO-2038 is attached.			
☐ Advance Order - = of	Copies		Deposit Accou	or is hereby authorized by nt Number 09-04	charge the required tee(s), or tenclose an extra contract.	credit any overpayment, to copy of this form).
5. Change in Entity Status	t from status indicated above	2)				
	MALL ENTITY status, See				ALL ENTITY status. See 37 (	
The Director of the USPTO NOTE: The Issue Fee and Pe interest as shown by the recr	is requested to apply the Issublication Fee (if required) vords of the United States Pat	ue Fee and Publica will not be accepte ent and Trademark	uton Fee (if any) d from anyone o . Office.	or to re-apply any previous ther than the applicant; a re-	sly paid issue fee to the applica egistered attorney or agent; or t	tion identified above, he assignee or other party in

Nothorized Signature \_ Typed or printed name Dan Shifrin

Date 11/21/2006

01/31/2007 HMARZI2 00000032 090449

10674866

Registration No. 34,473

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a beginning the complete including gathering, preparing, and submitting the completed application from to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form und/or suggestions for reducing this borden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, L.S. Department of Commerce, P.O. Box 1450. Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450. Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number